Headquarters U.S. Air Force

Integrity - Service - Excellence

AFMS Group

7 Jan 04
1300-1530

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AFMS Group Agenda

Approval of Minutes – Mr. Costa	5 Min
FY06-11 SG POM Update – Mr. Gooding	30 Min
Medical MILCON Process – Lt Col Steele	30 Min
Outsourcing Patient Records – CMSgt Collie	30 Min
New Business / Open Discussion	10 Min

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Minutes Approval

- **17 Dec 03 AFMS Group Minutes – Approved?**
- **Archives of AFMS Corporate Structure minutes can be found at:**
  - **O:\SG_Common\AFMS Corporate Structure**

    - or –
  - **https://kx.afms.mil/afmsengineroom**

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Medical MILCON Process

Corporate Structure Decision Input

Lt Col Ronald G. Steele
7 Jan 04

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Medical MILCON Process

- **Purpose: Present a proposal for AFMS Group approval to increase/formalize Corporate Structure decision input to the medical MILCON process**
  - **Classification: Unclassified**
  - **Type: Decisional**
  - **Length of Briefing: 30 min**
  - **Briefer: Lt Col Ron Steele, AFMSA/SGSF, DSN 297-4737, ronald.steele@pentagon.af.mil**

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Overview

- Purpose
- What Currently Drives a MILCON Project
- MILCON Process Framework
  - Milestones
- Proposal: Increase/Formalize Corporate Structure Decision Input

Purpose

- To better integrate MILCON Programming and Planning decisions into the Corporate Structure process
  - Focus on a “normal process cycle”
    - Get in front of MILCON decisions
  - To avoid confusion, briefing does not address:
    - Funding levels: Recap Rate v. Replacement Cycle
    - S/RM funding alternatives
    - Current project disconnects
    - …BUT, they are factors!

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What Drives a MILCON Project?

- **Besides a limited MILCON TOA, what influences the decisions as to:**
  - **What we build**
  - **When we build**
- **What changes along the way?**
  - **What is the impact?**

What Drives a MILCON Project?

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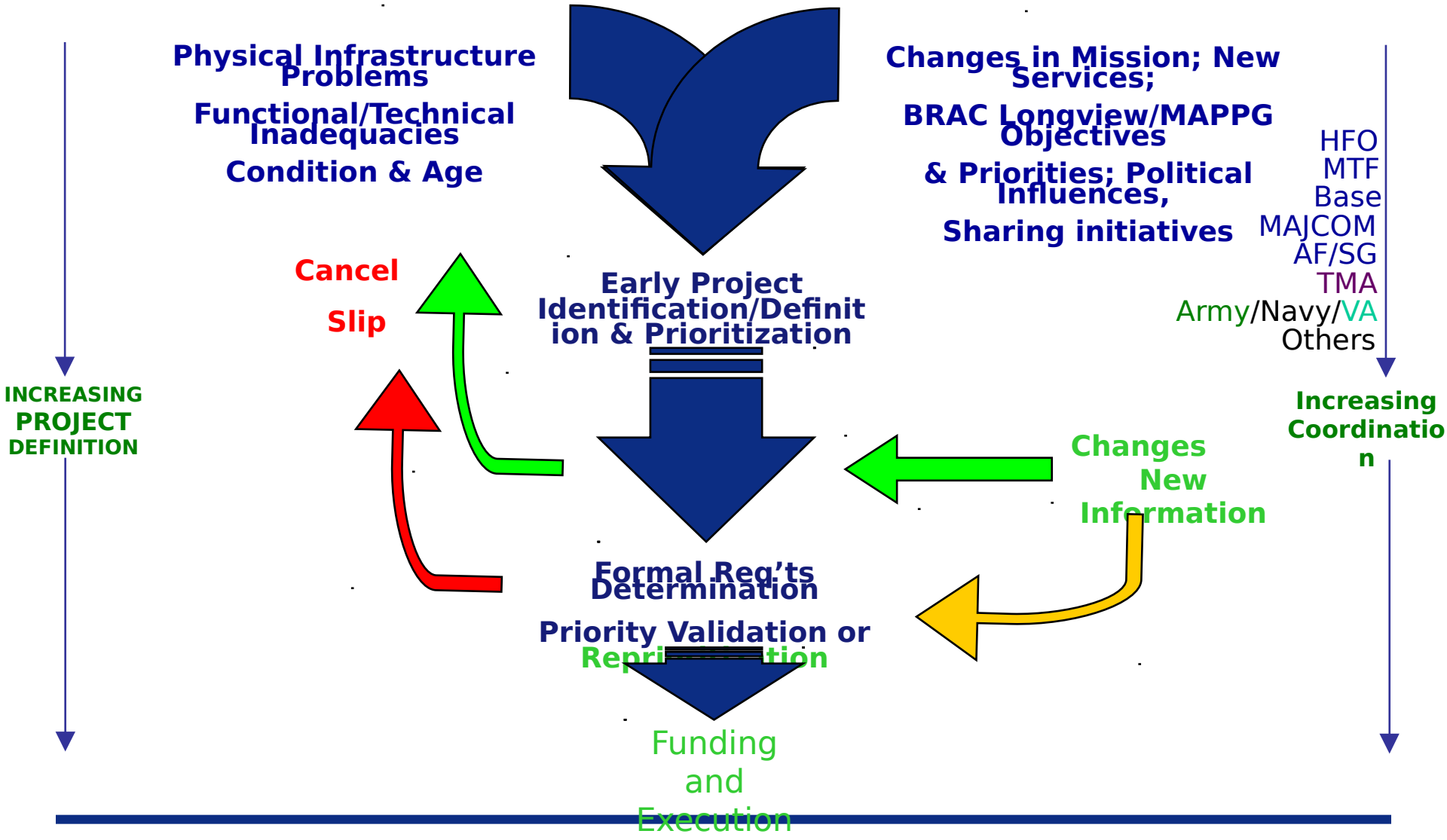

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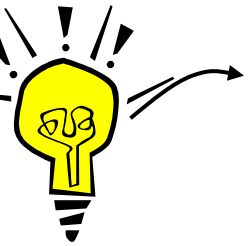
FYXX MILCON Project Planning Completion Milestones

Infrastructure Assessment

MTF MAJCOM Input

Facility Assess Study (FAS)

AFMS Initiatives (Longview)



Project ID

Spring 20XX-4 Coordinate, **Draft 1391**, Insert in POM

Fall 20XX-4 Begin Validation (**Economic Analysis**)

May 20XX-3 DA package to TMA (**1391, PFD, EA, Staffing**)

Fall 20XX-2 Scope **Revisions** *if needed*, concept design, lock cost, PB Submission

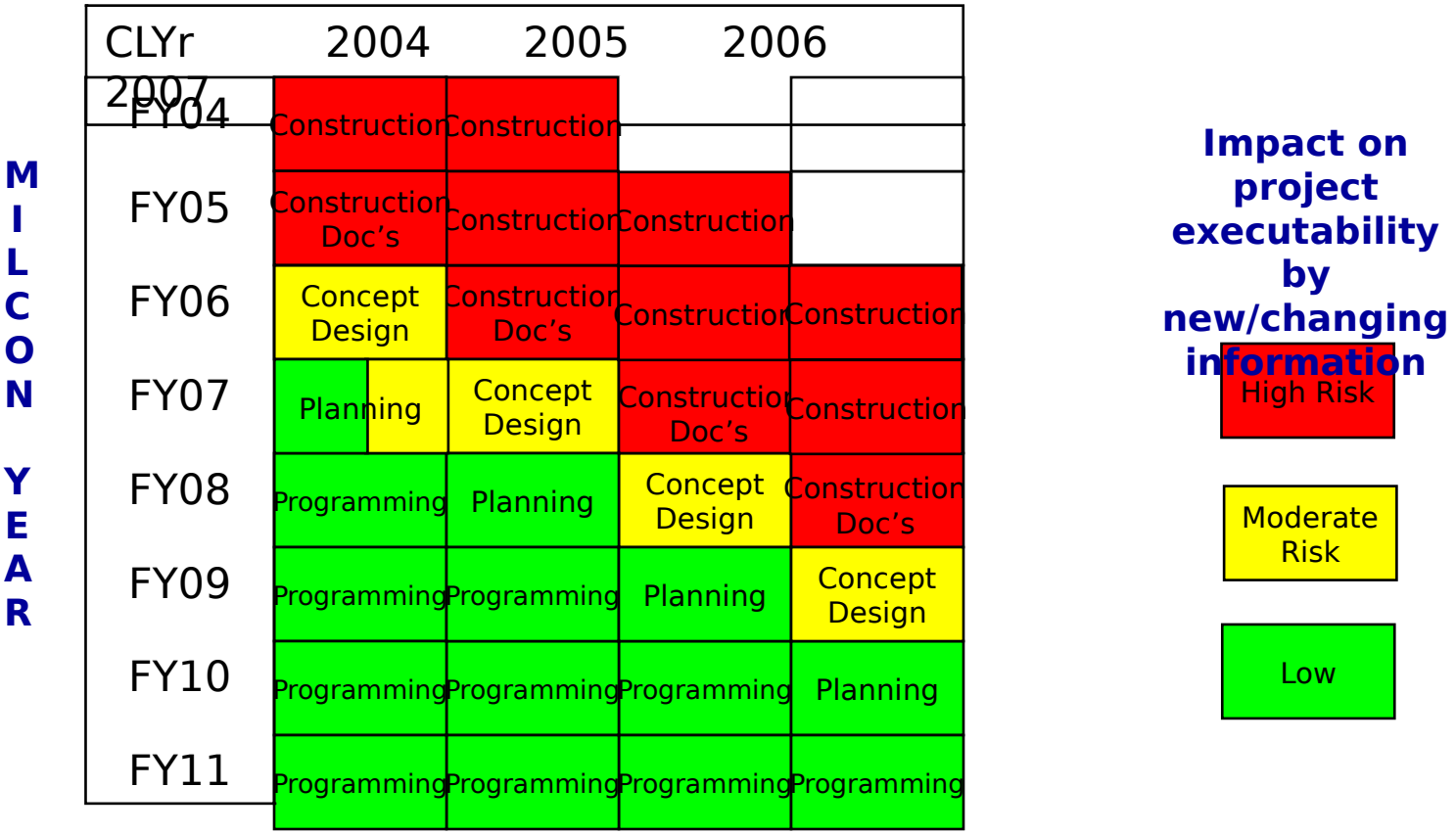
Fall 20XX-1: Construction Documents Complete

Spring 20XX: Bid Process/Construction Start

Continuous: Defend project/answer questions from TMA, Comptroller, DoD IG, Congress, ...

MILCON Milestones

Medical MILCON Activity Milestones



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Proposal

- Increase/Formalize Corporate Structure Decision Input
  - SGSF brief FYDP thru Corp Structure in October and February
    - MILCON FYDP coord w/ MAJCOMs complete in October; near term projects in final planning thrust beginning February
    - Provides complete visibility of entire MILCON Program and status of activity for each project
    - Provides scheduled opportunities for vector check
- Comments/Questions

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Summary

- **Recommendation: Recommend AFMS Group approve proposal to increase/formalize Corporate Structure decision input to the medical MilCon process**

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Increase PCO 4A0 Support by Outsourcing Outpatient Records

CMSgt Ted Collie
“The Humble Servant”
4A0 Career Field Manager

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Outsourcing Outpatient Records

- **Purpose: Present a proposal to AFMS Group regarding outsourcing outpatient records**
  - **Classification: Unclassified**
  - **Type: Informational**
  - **Length of Briefing: 30 min**
  - **Briefer: CMSgt Ted Collie, HQ USAF/SGCA, DSN 297-4452, ted.collie@pentagon.af.mil**

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Overview

- **PCO/Outpatient Records**
- **Recommendations**
- **Summary**

"Ensure right people, right place, right time with the right skills" to meet AF (AFMS) requirements" Gen Jumper

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PCO/Outpatient Records

- Opportunity to correct a long-standing 4A0 resource shortfall with implementation of PCO
  - PCO concept…spot-on! Optimize/deliver responsive/ quality healthcare
  - Leadership envisioned/stated PCO 4A0s were to be office managers
- 4A0 ratio of 1:1 inadequate for mission. 2 Separate Validations
- FCG's FP Study, 15 May 03, validated shortage
  - Records .43 Reception .77 Gen Admin .24 Mgd Care .16 Transcription .30
  - Truer ratio is closer to 2:1
- PLATT SCO Models Avg .5 to .75; No OPRs, reduced Appt/Referrals

PCO/Outpatient Records

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- **Current 4A0 PCO Auths Laydown:**

	Mil	Civ	Total
FPC/PCC/FP Res Trg/Pt Admin/Med Rec FACs	691	274	965
Pediatrics	138	36	174
Internal Med	81	49	130
Total	**910**	***359**	**1269**

*Some of these positions are for secretaries in Fam Prac/Peds/Int Med

- **We achieved the 1:1 ratio, but ratio short for mission success!**

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PCO/Outpatient Records

- **What occurred? PCMs don't have a 4A0 though assigned…not avail**
  - **Took OPR positions, layered in huge additional tasks and roles, and welcomed 4A0s to PCO… under resourced and negatively affected mission accomplishment and 4A0 morale**
  - **Decentralized OPR…Lost workforce economy of scale**
  - **Gutted PAD & C2 (OPR/IPR, A&D, MEBs, PRP, Appt, RMC, AE, etc)**
  - **Robbed RMO/TRICARE/Systems to obtain 1:1 ratio**

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PCO/Outpatient Records

- 4A0 PCO job = Outpatient Records duties
- CFM visits to WHMC, DGMC, Keesler, Scott, Andrews, Luke, D-M, Whiteman, Sheppard, Randolph, Bolling and Pre-contract @ Patrick…70 to 80% Maint.
  - 75% day OPR Maint = 750 auths on 1:1 model…1,000 teams
  - PAD data call—52 responding MTFs…79.5% of time in OPR
- PCO 4A0s want to do host of other PCO roles, but buried in OPR

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PCO/Outpatient Records

- Loose file/audits/records retirements…behind/NBA
- Record Availability below Standard
- Neglected Duties
  - Market/Recapture Analysis
  - Reception Desk Management
  - Eligibility Verification
  - Template Management
  - Referral Management
  - PHA Management
  - Team Metric Analysis
  - Monitoring PIMR
  - Ensure Medical Affirmative Claim information is current
  - Records Retirement

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Recommendation

- Outsource medical record maintenance AFMS-wide
  - OPR Maintenance isn't an Expeditionary Mission…no UTC
  - Convert 450 4A0 positions to 750 Contractors in 06
    - 450 MILPERS dollars = 750 Contract dollars for OPR
  - Distribute remaining 819 mil/civ 4A0 positions as follows:
    - 500 to stay in PCO = .5 per provider/2 per PCE
    - 50 AD 4A0 positions to shift to Patient Admin
    - 269 civ positions for secretarial/other PCO admin support
  - Patient Admin Flight to supervise OPRs (750 contractors)
  - Ensure OPRs availability/accountability IAW with JCAHO/DoD Policy
  - Improve 4A0s morale/retention
  - Reduce AF sought-after MILPERS positions

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Outsourcing OPR Success Stories

- Luke brought back PAD…divided 4A0 support between PCO/OPR
- Patrick contracted-out OPR Maint: Pop Health Team of Year, 2002
  - HSI/JCAHO thrilled w/initiative; Drs/Nurses/Techs/4A0s too!
  - $300K contract/8 filers --Major (Dr) Winkler – “finally have a 4A0”
  - Records Availability up…transitioned from 55% to 97%
- Hill contracted-out OPR Maint as well. Key to PCO Optimization.
  - 90% OPR availability met/exceeded every month post contract (Aug02)
  - 100% OPR availability w/zero discrepancies, all chalks on time during HQ ACC ORE and HQ AFMC ORI, and AFMC Coding Audit
  - Records copied within 72 hours of request
  - “4A0 contract” instrumental to successful implementation of PCO at Hill
- Initiative fully supported by MAJCOMs, Support Panel, Operations Panel, Ops and Support Horseman, MSC Corps Chief, and 4A0 Executive Team

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Summary

- **PCO/Outpatient Records**
- **Recommendations**
- **Summary**

“Ensure right people, right place, right time with the right skills” to meet AF/AFMS requirements Gen Jumper

PCO/Outsource Maintenance of Outpatient Records

BACKGROUND:

Maintenance of Outpatient Records takes up 70%-80% of 4A0 PCO team member time. This causes degradation/neglect of other 4A0 PCO duties and optimization. This initiative avails the opportunity to correct a long-standing 4A0 resource shortfall with implementation of PCO.

ADJUSTMENT:

Outsource maintenance of outpatient records AFMS-wide
Contract cost $26.2M for 750 contractors @35K
MILPER Cost of 450 4A0s @ $58,000 = $26.2M

$M 03A1P201AY	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
CURRENT PRG	0.0	0.0	0.0	0.00	0.0	0.0	0.0	0.0
ADJUSTMENT			0.0	0.00	0.00	26.2	26.2	26.2
REV PGM								
TOTAL			0	0	359	359	359	359

PROCUREMENT	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08

MPWR	FY01	FY02	FY03	FY04	FY05	FY06	FY07	FY08
OFF	0	0	0	0	0	0	0	0
ENL	0	0	910	910	910	410	410	410
CIV	0	0	359	359	359	359	359	359
Contr.	0	0	0	0	0	750	750	750

IMPACTS:

- Frees 4A0s to act as office manager; optimize patient care…transitions 1:1 “AS IS” PCO to 1.25:1
- Shifts OPR responsibilities and 750 contractors to Patient Admin…shifts 50 AD 4A0 FTEs to Patient Admin
- UFORs on billing – Maj Graves; RMC and Appting – Maj Koch bridges “AS IS” PCO closer to 2:1
- Reduces 500 blue-suit in-garrison positions, and increases PCO and expeditionary 4A0 Support
- Bring records availability/accountability in compliance with JCAHO/DoD standards
- Improve PCE mission accomplishment and morale of 4A0 “Stuck” in records doing mundane tasks

Meeting Recap & Calendar

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- **New Items**
- **Action Items**
- **Meeting Schedule:**
  - **AFMS Group: Wed., 14 Jan 04, 1300-1530 EST, 4th flr conf rm**